PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
09/462,930

CLAIMS AS FILED – PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT. (37 CFR 1.16(d))		

SMALL ENTITY

RATE	FEE
	$_____
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL	

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	$_____
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

6/10/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (37 CFR 1.16(c))	4	Minus	20	=
Independent (37 CFR 1.16(b))	1	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

RATE	ADDI-TIONAL FEE
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		=
Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

RATE	ADDI-TIONAL FEE
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		=
Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

RATE	ADDI-TIONAL FEE
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL ADD'L FEE	

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X $_____ =	
X $_____ =	
+ $_____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.